STATE OF HAWAII DEPARTMENT OF TAXATION



General Information and Scannable Specifications for Form N-11 (Rev. 2017)

Contact Information

Hawaii Department of Taxation Technical Section Attn: Sharlene Tagami, Forms Coordinator 830 Punchbowl Street, Rm 126 Honolulu, Hawaii 96813

> Telephone: (808) 587-1577 Fax: (808) 587-1584

E-mail: Tax.Technical.Section@hawaii.gov

Hawaii Software Vendor Website Address:

tax.hawaii.gov/vendor/

Note: Reproductions must meet requirements as established in our current Forms Reproduction Policy and within this document.

FORM N-11 (Rev. 2017)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-11. Form N-11 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-11 must create the form so the variable data (specified fields containing taxpayer information) are printed in a fixed format that can be read by the Department's IBML scanners.

We support the processing of 2D barcodes produced on Form N-11. If you will produce 2D barcodes for Form N-11, you must also refer to the separate scannable specifications for Schedule CR.

Substitute scannable forms MUST meet requirements as established in this document and our Forms Reproduction Policy and be approved prior to release or distribution.

GENERAL INFORMATION

1. Substitute Form

- Substitute scannable forms must be created according to Department specifications and be approved prior to release or distribution.
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.

2. Paper and Ink

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

3. Variable Data

- All variable data fields must utilize 12 pt Courier font, and all variable text data must be in uppercase letters. Exception: On page 4 in the designee section, the "Phone no." variable data field is 8 pt Courier. Text labels must not touch variable data.
- All variable data fields require exact placement. On page 1 line 6d, the last line for the fourth dependent name begins at the beginning of column 13 and should rest at the top of row 61 to avoid encroaching in the bottom left registration mark area.
- Use a bold X (X) as a checkbox indicator. See exhibit for exact placement. The use of a checkmark is not acceptable.

4. For Office Use Only Area

- · Use horizontal lines.
- · Boxes should not be printed.

5. Variable Data Delimiters

 Fiscal year beginning and ending dates and the Date of Death must be printed with spaces between the dash (-) delimiters. For example: MM - DD - YY

(2 digits for month, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits

- for the day, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits for the fiscal beginning and ending tax year and date of death tax year)
- Taxpayer's Social Security Number and/or spouse's social security number must be printed with spaces between the dash (-) delimiters and allow the use of the letter "H" for taxpayers using a Hawaii temporary taxpayer I.D. number. For example: 123 45 6789 or H12 34 4567 (3 digits, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits, followed by a space, followed by a dash (-), followed by a space, followed by 4 digits)
- The first four letters of the taxpayer's name field must be printed in uppercase letters.
- Taxpayer's Hawaii Tax I.D. Number must be printed with dash (-) delimiters. For example:
 123 456 7890 01
 (3 digits, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 4 digits, followed by a dash (-), followed by 2 digits)

6. Dollar Amounts

123456789

- Do not use commas as thousand separators.
- · Amounts are right justified.
- Amounts must be rounded. Dollar and cent signs should not be used when the field is rounded to whole dollars.

7. Negative Amounts

Show negative amounts with a **bold X** where indicated on the exhibits. The use of a minus sign (-), parentheses, or brackets are not acceptable.

8. Testing and Approval of the Scannable Form

 The printed 6x10 grid of the form on acetate overlays will be mailed to software vendors listed on our Hawaii software vendor website. If you have not received the overlays, please contact the Forms Coordinator. This should assist in the exact data field placement. Verify your test data filled facsimile samples with the overlays prior to submitting them for testing. If the samples do not match the overlays

General Information and Scannable Specifications

within 1/16", do not submit them for approval as they will be rejected.

- A minimum of 5 hardcopy test samples populated with the variable data from the test cases in Appendix B must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or tailing spaces).
- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Form N-11 (Rev. 2017) cannot be filed until 2018.

SCANNABLE SPECIFICATIONS

1. Layout

- The form was designed on a 6x10 grid. See exhibits.
 - There are a few areas of the form that do require optical character recognition, and therefore do not meet the 6x10 design:
 - 1. Page 4, Designee and Paid Preparer Information
- Open space around variable data fields should be adhered to as much as possible except for the areas that do not require optical character recognition. Do not place any additional information in these areas.

2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number following the "ID NO" label at the following positions: Pages 1, 2, and 3, on row 63 at columns 26 and 27; Page 4, on row 62 at columns 78 and 79.
- See our Hawaii software vendor website for your Hawaii Vendor I.D. Number. If your company is not listed, please contact the Forms Coordinator.

3. Registration Marks

- Registration marks are required on every page. The scanning equipment looks for "L's", or registration marks, printed on the form. Exact placement of the registration marks are required.
- The vertical and horizontal edges of the registration marks must be the same length of 0.5 inch long and .0278 inch thick.
- There are **two** registration marks on each page.
 - The top right registration mark should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 6 for all four pages.



2. The bottom left registration mark should start at the beginning of column 6 and extend through

the end of column 10 and rest on the top of row 64 for all four pages.



- The tolerance is 1 mm (1/4 of a grid).
- No data or other stray marks are allowed to encroach within the white space in a .5 inch square of the registration mark.



4. Barcode

- A 1D barcode is specific to the form. The property of the 1D symbology barcode uses 3 of 9 (Code 39).
- Placement of the barcode is as follows:
 Pages 1-4, approximately at the top of row 4 and at the beginning of column 6;
- Height of the barcode is 0.5 inch.
- Length of the barcode is approximately 2 inches.
- Density of narrow bar width is set to 20 mils with resolution set to 300 dpi.
- Narrow to Wide Ratio is set to 2.
- A ¼ inch minimum clearance (blank space) must surround the barcode with the exception of the text required to be printed underneath the barcode.
- DO NOT stretch the barcode image.
- The required barcode is JBT171 for page 1:



JBT171

• The required barcode is JBT172 for page 2:



JBT172

The required barcode is JBT173 for page 3:



JBT173

The required barcode is JBT174 for page 4:



JBT174

The barcode includes the form number code (JB), type of form (T), form year (17), and page number (1), (2), (3) or (4). There are no hyphens.

- Use of the Department of Taxation's JPEG file of the barcode is preferable. The JPEG files can be found at our software vendor website.
- DO NOT use Windows Metafile Format (wmf).
 This format causes a very low read rate by the Department's IBML scanners.

5. 2D Barcode

The Department supports the processing of 2D barcodes produced on Form N-11. The following defines the technical specifications for producing 2D barcodes for Form N-11. If a 2D barcode cannot be produced, then the reserved space on page 1 of the form should remain blank.

- The 2D encode type is Standard PDF417.
- The dots per inch (DPI) is 300.
- The Error Correction Level is 4.
- The Y/X element ratio is 3.
- The size of the barcode will vary according to the amount of information contained in the barcode.
 The size of the barcode can not be greater than 3.7"
 Wide x 1.83" High.
- The X dimension width is a minimum of 11.0 Mils.
 Adjust the X dimension width to the largest value that can be used while still fitting within maximum barcode size.
- The number of Data Columns and Data Rows will be variable. While adjusting the number of Data

Columns and Data Rows, it is preferable to maintain an overall aspect ratio of the barcode's width to its height of approximately 2 to 1 (this will provide the highest read rates), but any aspect ratio that fits within the allocated space is acceptable.

- DO NOT stretch the barcode image.
- The barcode placement must be within the boundary box in the area labeled "This Space Reserved". The preferred position is for the barcode to be centered both horizontally and vertically within that space, but any placement of the barcode that is within the allocated space is acceptable. NOTE: When printing the 2D barcode in the allocated space, do not print the boundary box.
- Use Text compaction mode whenever the data included in the barcode allows. This is the preferred mode since it will result in a smaller barcode size as compared to Binary compaction, but either compaction mode is acceptable.
- A problem with 2D barcode processing on tax returns can occur when a user of vendor software prints their return, then makes a change to the return data and reprints only that page (without reprinting the first page which contains the 2D barcode). We recommend that vendors update their help documentation to remind users to reprint page 1 of their return if they make any changes to any return data.
- The layout for the data encoded in the 2D barcode is defined in Appendix A, "2D Barcode Layout -N-11/Schedule CR". Please carefully read the "Field Business Rules" for each field. In most cases the data that is printed on the form is exactly what is expected in the 2D barcode field, but there are a few exceptions. For example, for the social security field the expected printed format on the form includes spaces and dashes (123 - 45 - 6789); in the 2D barcode the spaces and dashes are removed (123456789). For the zip code/postal code field, the expected printed format of a nine digit zip code would include a dash (96813-1234), but in the barcode the dash is removed (968131234). The values that have changed from the posted draft of this layout are marked by revision marks.

6. Acetate overlays

 Acetate overlays will be mailed to vendors listed on our Hawaii software vendor website who previously reproduced Form N-11. If you are now reproducing Form N-11, contact the Forms Coordinator for the acetate overlays. If your company is not listed and you are reproducing Form N-11, please contact the Forms Coordinator.

2D Barcode Layout - N11 / Schedule CR / N311 / Schedule X

Final Version: 10/16/2017

APPENDIX A. 2017 2D Barcode Layout - N11 / Schedule CR / N311 / Schedule X

For 2007, our first year of processing, we required that numeric fields contain a 0 if null. This was modified on the 2008 version.

We will continue to accept 2D barcodes following this method, OR leaving the field blank (null) if no value.

Use a carriage return for the field delimiter.

Data Types: A-Alpha, N-Numeric, AN-Alphanumeric, C-Checkbox.

		Form		Max			
Field	Page	Line		Lengt			
#	#	#	Description	h	Type		Changes
1			Header Version Number	2	Α	"T1". Indicates the version of the standard FTA defined 2D barcode header format.	
						Hawaii Department of Tax assigned software vendor ID. This value is printed in the reserved	
2	ALL		Software Developer Code	4		space on each page of the return.	
3			Form Number	6		"N11"	
4	1		Form Year	4	N	The tax year for which the return is being filed. "2017" for example.	Modified form year to 2017
						"0". Indicates the version of the 2D specification for the form that is being used. This number will	
5			2D Specification Version	2	Ν	increment for each change to the specification.	
						A software vendor defined version number that reflects the software and form revision used to	
6			Software Version	15	AN	produce this barcode.	
7	1		Amended Return Checkbox	1		"X" or null.	
8	1		NOL Carryback Oval	1	С	"X" or null.	
9	1		IRS Adjustment Oval	1		"X" or null.	
			•			Only named to this field for fine of filers. If not a fine of filer than leave this field NULL. Do not	
40			Figure Nove Books Month		N.I	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
10	1		Fiscal Year Begin Month	2	N	include slashes "/" in this field.	
			Figure North Device		N.I	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
11	ı		Fiscal Year Begin Day	2	N	include slashes "/" in this field.	
40			Figure North Parks Vers		N.I	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
12	1		Fiscal Year Begin Year	2	N	include slashes "/" in this field.	
40			E' 137 E 134 II			Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
13	1		Fiscal Year End Month	2	N	include slashes "/" in this field.	
			E: 134 E 15			Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
14	1		Fiscal Year End Day	2	N	include slashes "/" in this field.	
4-			Figure Version Final Version		N.I	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
15	ı		Fiscal Year End Year	2	N	include slashes "/" in this field.	
4.0			Dalas and Flort Name	0.5		The total width of this name (First MI Last) is 40, truncate the first name and last name as needed	
16	ı		Primary First Name	25	Α	to fit within this overall form space. Field should be all CAPITAL LETTERS.	
17	1		Primary Middle Initial	1	Α	Field should be all CAPITAL LETTERS.	
18	1		Primary Last Name Suffix	35	Α	Field should be all CAPITAL LETTERS. Suffix should be entered after the last name.	Field Descirption updated and add a new business rule for suffix.
			•			Required entry if married filing joint, otherwise null. The total width of this name (First MI Last) is	<u> </u>
						40, truncate the first name and last name as needed to fit within this overall form space. Field	
19	1		Spouse First Name	25	Α	should be all CAPITAL LETTERS.	
20	1		Spouse Middle Initial	1	Α	Optional entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.	
			•			Required entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS. Suffix	
21	1		Spouse Last Name Suffix	35	Α	should be entered after the last name.	Field Descirption updated and add a new business rule for suffix.
22	1		First 4 Characters of Primary Last Name	4	A	onodia do ontoroa artor tiro last riamo.	The becomplien appealed and add a new business rule for suffix.
23	1		Primary SSN	9		Do not include hyphens, spaces or other delimiters in this field.	
24	1		First 4 Characters of Spouse Last Name	4		Required entry if married filing joint or married filing separate, otherwise null.	
4	'		i iist + Ondiacters of Opouse Last Name	7		produced only in married ining joint of married ming separate, otherwise full.	

Field	I Page	Form Line #	Description	Max Lengt h	Type	Field Business Rules	Changes
25			Spouse SSN	9	N	Required entry if married filing joint or married filing separate , otherwise null. Do not include hyphens, spaces or other delimiters in this field.	
	+ -					hypriens, spaces or other delimiters in this field.	
26	1		Care Of	40	AN		
27	1		Street Address	40	AN	Field should be all CAPITAL LETTERS.	
28	1		City	21	Α	Field should be all CAPITAL LETTERS.	
20	4			0	Δ	If a U.S. address, enter the U.S. Postal Service standard two character abbreviation code for the state. If a foreign address, leave null. Field should be all CAPITAL LETTERS. The valid U.S. state codes are published by the USPS at:	
29	1		U.S. State Code	2	Α	http://www.usps.com/ncsc/lookups/usps_abbreviations.html Do not include hyphens in this field. U.S. ZIP codes should be numeric only and not longer than 9	
30	1		ZIP (Postal) Code	10	AN	digits.	
31	1		Foreign State or Province	25	Α	Only populate if a foreign address. If the country does not use State or Province names then this field should be NULL. Field should be all CAPITAL LETTERS.	
32	1		Country	13	Α	Only populate if a foreign address. Field should be all CAPITAL LETTERS.	
33	1		Filing Status Checkbox: Single	1	С	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked. "X" or null. One of the filing status checkboxes must be marked. There should be only one filing	
34	1	2	Filing Status Checkbox: Married filing joint	1	С	status checkbox marked.	
			Filing Status Checkbox: Married filing			"X" or null. One of the filing status checkboxes must be marked. There should be only one filing	
35	1	3	separate	1	С	status checkbox marked.	
36	,	4	Filing Status Checkbox: Head of Household	4	С	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
36	ı	4	Filing Status Checkbox: Qualifying	'	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing	
37	1	5	Widower	1	С	status checkbox marked.	
			MFS Spouse Name. This field appears				
38	1	3	below line 3.	25	Α	If married filing separate checkbox is marked, the full name of the spouse.	
39	1	4	HOH Qualifying Person. This field appears below line 4.	21	Α	Null if no value	
40	1		Year Spouse Died	4	N	Null if no value	
41	1		Primary Regular Exemption	1	C	"X" or null	
42	1	6a	Primary Over 65 Exemption	1	С	"X" or null	
43	1	6b	Spouse Regular Exemption	1	С	"X" or null	
44	1	6b	Spouse Over 65 Exemption	1	С	"X" or null	
45	4		Number of Primary and Spouse Exemptions. This is the field that appears to the right of lines 6a and 6b.	4	N	Number of primary and spouse exemptions marked in lines 6a and 6b.	
45	+ +		Exemptions for Dependent Children	2	N N	0 if no value	
47	1		Exemptions for Other Dependents	2	N	0 if no value	
48	1	6e	Total Exemptions Claimed	2	N	0 if no value	
49	2	7	Federal Adjusted Gross Income - negative indicator checkbox	1	С	"X" or null	

Fie	d Page	Form Line #	Description	Max Lengt h	Type	Field Business Rules	Changes
	- "				.,,,,,	If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative	
						sign in this field.	
						For all numeric fields, use whole numbers (no decimals) unless otherwise specified in the field	
						business rule.	
50	2	7	Federal Adjusted Gross Income	9	Ν	For all numeric fields, do not include commas.	
51	2		Difference in state/federal wages	9	N	0 if no value	
52	2	9	Interest on out of state bonds	9	N	0 if no value	
53	2		Other HI Additions	9	Ν	0 if no value	
54	. 2	11	Total HI Additions	9	Ν	Sum of Lines 8, 9, and 10.	
55	2	12	Total Income - negative indicator checkbox	1	С	"X" or null	
						If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative	
56	2	12	Total Income	9	N	sign in this field.	
57	2	13	Pensions Taxed Federally	9	N	0 if no value	
			0 : 10 :: 5 ::				
58			Social Security Benefits	9		0 if no value	
59		15	National Guard Duty Pay	9	N	0 if no value	
60			Individual Housing Acct	9	N	0 if no value	
61			Exceptional Tree	9	N	0 if no value	
62			Other Hawaii Subtractions	9	N	0 if no value	
63	2	19	Total Subtractions	9	N	0 if no value	
			HI Adjusted Gross Income - negative		_		
64	. 2	20	indicator checkbox	1	С	"X" or null	
						If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative	
65	2	20	HI Adjusted Gross Income	9	N	sign in this field.	
			Dependent Indicator. This is the checkbox		_		
66			that appears below line 20.	1		"X" or null	
67			Medical and Dental	9	N	0 if no value	
68			Taxes	9	N	0 if no value	
69			Interest Expense	9	N	0 if no value	
70			Contributions	9	N	0 if no value	
71			Casualty and Theft Losses	9	N	0 if no value	
72	. 2	21f	Miscellaneous deductions	9	N	0 if no value	
73	2	22	Total Itemized Deductions	9	Ν	0 if no value	
74		23	Standard Deduction	9	N	0 if no value	
			Subtotal (Line 20 – Line 22 or 23) -				
75	2	24	negative indicator checkbox	1	С	"X" or null	
				1		If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative	
76	2	24	Subtotal (Line 20 – Line 22 or 23)	9	N	sign in this field.	
77			Total Exemptions	9		0 if no value	
			Primary Disability Indicator. This field				
78	3	25	appears below line 25.	1	С	"X" or null	
		1	Spouse Disability Indicator. This field				
79	3	25	appears below line 25.	1	С	"X" or null	
			11			1	

	Form		Max				
Field				_			
			Description	Lengt h	Tuna	Field Business Bules	Changes
#	#	#	Description Tayable Income	9	Туре	Field Business Rules	Changes
80	3		Taxable Income	9	N	0 if no value	
0.4	_	07	Indicator if tax from other forms (N-2, N-	_	_	IIVII aa aa II	
81	3		103, etc) is included	1		"X" or null	
82	3		Tax Liability	9		0 if no value	
83	3		Net Capital Gain	9		0 if no value	
84	3		Refundable Food/Excise Tax Credit	9		0 if no value	
85	3		DHS Exemptions (Child Support)	2		1 – 99.	
86	3		Low-Income Household Renters Credit	9		0 if no value	
87	3		Child and Dependent Care Expenses	9		0 if no value	
88	3		Child Passenger Restraint Credit	9		0 if no value	
89	3	32	Total Refundable Credits - Sch CR	9	N	0 if no value	
90	3	33	Total Refundable Credits	9	Ν		
- 00			Balance Subtotal (Line 27 minus Line 33) -				
91	3		negative indicator checkbox	1	С	"X" or null	
						X of fidin	
92	3		Balance Subtotal (Line 27 minus Line 33)	9	N		
93	3		Total Nonrefundable Credits - Sch CR	9	N		
			Balance (Line 34 minus Line 35) - negative				
94	3		indicator checkbox	1	С	"X" or null	
95	3		Balance (Line 34 minus Line 35)	9	N		
96	3		Withholding	9	N		
97	3		Estimated tax payments	9	Ν		
98	3		Estimated tax from previous tax year	9	Ν		
99	3		Extension Payment	9	N		
100	3	41	Total Payments	9	N		
101	3	42	Amount Overpaid	9	N		
			Primary School Repairs and Maintenance				
102	3	43a	Donation	1	С	"X" or null	
			Spouse School Repairs and Maintenance				
103	3		Donation	1	С	"X" or null	
104	3	43b	Primary Public Libraries Donation	1	С	"X" or null	
105	3	43b	Spouse Public Libraries Donation	1	С	"X" or null	
106	3	43c	Primary Domestic Violence Donation	1	С	"X" or null	
107	3		Spouse Domestic Violence Donation	1	С	"X" or null	
108	3		Total Donations	2	N		
							
109	3	45	Overpaid minus donations	9	N		
			Estimated Tax apply to the following tax				
110	4		year	9	N		
111	4	47a	Refunded to you	9	N		
			Refund will be deposited to a foreign bank,				
112	4	47a		1		"X" or null. If "X" then form lines 47b, 47c and 47d should be null.	
113			Routing Number	9		Do not zero fill. Do not use hyphens, spaces or special symbols.	
114	4		Account Type Checking	1		"X" or null. Either the checking or savings checkbox may be checked, but not both.	
115	4		Account Type Savings	1		"X" or null	
116	4	47d	Account Number	17	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	

		Form		Max			
Field	Page	Line		Lengt			
#	#	#	Description	h	Type	Field Business Rules	Changes
117	4	48	Amount you owe	9	N		
118			Estimated Tax Penalty	9	N		
119	4	49	Form N210 attached checkbox	1	С	"X" or null	
120	4		Federal Schedule C - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
121	4	52a	Federal Schedule C - NO checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
122	4	52b	Federal Schedule C Hawaii Gross Receipts	9	N		
						Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in this	
						field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not include	
123	4		Federal Schedule C TSM Hawaii Tax ID	12	N	hyphens, spaces or other delimiters in this field.	
124	4		Federal Schedule E - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
125	4		Federal Schedule E - NO checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
126	4	53b	Federal Schedule E Hawaii Gross Rents	9	N		
						Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in this	
						field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not include	
127	4	53c	Federal Schedule E TSM Hawaii Tax ID	12	N	hyphens, spaces or other delimiters in this field.	
128	4	54a	Federal Schedule F - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
129	4	54a	Federal Schedule F - NO checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
130	4	54b	Federal Schedule F Hawaii Gross Receipts	9	N		
			•			Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in this	
						field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not include	
131	4	54c	Federal Schedule F TSM Hawaii Tax ID	12	N	hyphens, spaces or other delimiters in this field.	
132	4		Preparer Identification Number	9	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
			Primary HI Election Campaign - YES				
133	4		checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
			Primary HI Election Campaign - NO				
134	4		checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
			Spouse HI Election Campaign - YES				
135	4		checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
100			Spouse HI Election Campaign - NO	-			
136	4		checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
	CR1		Tax Paid to another state	9	N		
1.07	1	 	Carryover of Energy Conservation Tax		<u> </u>		
138	CR1	2	Credit	9	N		
139			Enterprise Zone Tax Credit	9	N		
140			Low Income Housing Tax Credit	9	N		
			Employment Vocational Rehab Referral				
141	CR1	5	Credit	9	N		
<u> </u>	1	Ť	Carryover of the High Tech Business	<u> </u>			
142	CR1	6	Investment Tax Credit	9	N		
172		⊢	Carryover of Individual Development		- 1		
143	CR1	7	Account Contribution Tax Credit	9	N		
173	10111	+ '	Carryover of Tech Infrastructure		1.1		
1/1/	CR1	8	Renovation Tax Credit	9	N		
144	OITI	U	TICHOVALION TAX OFFUIL	9	IN		

2D Barcode Layout - N11 / Schedule CR / N311 / Schedule X

Final Version:	10/16/2017
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		Form		Max			
Field				Lengt			
#	#	#	Description	h	Туре	Field Business Rules	Changes
	CR1		School Repair and Maintenance Credit	9	N		5.14.1.go
			Carryover of the Hotel Construction and				
146	CR1	10	Remodeling Tax Credit	9	Ν		
			Carryover of Residential Construction and				
147	CR1	11	Remodel Tax Credit	9	Ν		
			Carryover of the Renew Energy Tech				
148	CR1	12	Income Tax Credit	9	Ν		
			Renew Energy Tech Income Tax Credit-				
149	CR1	13	July 2009	9	Ν		
	CR1	13		1	С	"X" or null	
	CR1	13		1	С	"X" or null	
152	CR1	14	Capital Infrastructure Tax Credit	9	N		
			Cesspool Upgrade, Conversion or				
	CR1	15	Connection Income Tax Credit	9	N		
	CR1	16	Renewable Fuels Production Tax Credit	9	N		new field
155	CR1	17	Organic Foods Production Tax Credit	9	N		new field
	CR1		Total Nonrefundable Credits	9	N		
	CR2		Capital Goods Excise Tax Credit	9	N		
	CR2		Fuel Tax Credit	9	N		
			Ethanol Facility Tax Credit	9	N		Delete line
159	CR2		Motion Picture and Film Tax Credit	9	N		Renumbered
			Renew Energy Tech Income Tax Credit-				
160	CR2	22	July 2009	9	N		Renumbered
161	CR2	22		1	С	"X" or null	Renumbered
	CR2			1	С	"X" or null	Renumbered
	CR2		Important Agricultural Land Tax Credit	9	N		Renumbered
164	CR2		Tax Credit for Research Activities	9	N		Renumbered
			Other refundable credits-pro rata share of				
165	CH2	25a	taxes paid on sale of real property	9	N		Renumbered
, _	05-		Other refundable credits-credit from				
166	CR2	25b	regulated investment company	9	N		Renumbered
167	CH2	25c	Other Refundable Credits Total	9	N		Renumbered
	CR2		Total Refundable Credits	9	N		Renumbered
169			Refundable Food/Excise Tax Credit	4	N		
170		Part I					
170	X1	L12	Low-Income Household Renters Credit	4	N		
		Dawt	Cuadit for Child and Danamdant Com-				
174	Vo	Part	Credit for Child and Dependent Care		N.I		
171			Expenses End of Record Trailer	4	N	Chandord trailor field to indicate the and of the OD harrands date. Always according "*FOD*"	+
172			End of Record Trailer	5	Α	Standard trailer field to indicate the end of the 2D barcode data. Always equal to: "*EOD*"	

Return Fields that are NOT Included in the 2D Barcode

1	First Time Filer Checkbox	
1	Address or Name Change Checkbox	

		Form	Max			
Field	Page		Lengt			
#	#	#	Description h	Туре	Field Business Rules	Changes
	1		Primary Deceased Checkbox			New field
	1		Primary Deceased Date of Death			New field
	1		Spouse Deceased Checkbox			New field
	1		Spouse Deceased Date of Death			New field
			Deceased Taxpayer Date of Death. This			
			will be hand written in the space below the			
			area reserved for the barcode, and may be			
	4		for either the taxpayer or spouse.			New fields created on return. Deleted line.
			ITIN Applied For. This will be hand written			
			in the space below the area reserved for			
	1		the barcode.			
			Spouse meets qualifications Checkbox.			
	1		This is the checkbox below line 6b.			
			Table of dependent names, social security			
	1	6d	numbers, and relationship			
			Tax source checkbox group (Tax Table,			
		07	Tax Rate Schedule, Form N-168, Form N-			
	2	27	615, Cap. Gains Worksheet) Amended Return: Amount Paid (Overpaid)			
			on Original Return: Amount Paid (Overpaid)			
	4	50	checkbox			
	4	30	Amended Return: Amount Paid (Overpaid)	1		
	4	50	on Original Return			
	_	- 00	Amended Return: Balance Due (Refund)			
			on Amended Return- negative indicator			
	4	51	checkbox			
			Amended Return: Balance Due (Refund)			
	4		on Amended Return			
	4	52d	Schedule C business activity/product			
	4	54d	Schedule F business activity/product			
	4		Designee Name			
	4		Designee Phone Number			
	4		Designee Identification Number			
	4		Signature Date			
	4		Occupation			
	4		Daytime Phone Number			
	4		Spouse Signature Date			
	4		Spouse Occupation	1		
	4		Spouse's Daytime Phone Number	1		
-	4		Preparer Signature Date			
	4		Preparer Self Employed Checkbox Preparer Name	1		
-	4			1		
-	4		Preparer Firm Name and Address Preparer Phone Number	1		
<u></u>	4		rreparer rhone number			

APPENDIX B. 2017 2D Barcode Layout - N11 / Schedule CR / N311 / Schedule X

2D Testing Data

For 2007, our first year of processing, we required that numeric fields contain a 0 if null. This was modified on the 2008 version.

We will continue to accept 2D barcodes following this method, OR leaving the field blank (null) if no value. Use a carriage return for the field delimiter.

Enter test data into these columns. The values are concatenated into the expected barcode format by formulas below.

		I		T	T	ателатеа пто тте ехрестеа в Г	Tarcode format by formulas be	I .	
Field #		Form Line #	Description	Vendor Test 1	Vendor Test 2	Vendor Test 3	Vendor Test 4	Vendor Test 5	Max Length Test
1			Header Version Number	T1	T1	T1	T1	T1	T1
2	ALL		Software Developer Code	99	99	99	99	99	1234
3			Form Number	N11		N11		N11	N11
4	1		Form Year	2017	2017	2017	2017	2017	2017
5			2D Specification Version	0	0	0	0	0	12
6			Software Version	0	0	0	0	0	123456789012345
7	1		Amended Return Checkbox			Х		X	X
8	1		NOL Carryback Oval			X			X
9	1		IRS Adjustment Oval					X	X
10	1		Fiscal Year Begin Month	03					12
11	1		Fiscal Year Begin Day	01					01
12	1		Fiscal Year Begin Year	17					14
13	1		Fiscal Year End Month	2					12
14	1		Fiscal Year End Day	28					31
15	1		Fiscal Year End Year	18					15
				KEALAKEKUAMALANAI-					
16	1		Primary First Name	KAILANI	KEN	JUN WOOK	VANNESSA	EVA	MAXLENGTHPRIMARYFIRSTNAME
17	1		Primary Middle Initial	S				М	М
18	1		Primary Last Name Suffix	DAVIDSON JR		ITO	HARIHARASUSUZUBRAM A-WALLRABENSTEINS	LAM-BROWN	MAXIMUMLENGTHPRIMARYLASTNA MEAAAAAAA
19	1		Spouse First Name		Jane- Kawenaulaokalanila Ni				MAXILENGTHSPOUSEFIRSTNAME
20	1		Spouse Middle Initial		А				М
21	1		Spouse Last Name Suffix		MACDEMETRAKOPOULO S- HUMUHUMUNUKUNUKU				MAXIMUMLENGTHSPOUSELASTNA MEAAAAAAAA
22	1		First 4 Characters of Primary Last Name	DAVI		ITO	HARI	LAM-	MAXL
23	1		Primary SSN	400001902		576661123	575661124	575661125	123456789
24	1		First 4 Characters of Spouse Last Name			SPOU			MAXI
25	1		Spouse SSN		576557442	576661124			123456789

Field.	Page	Form							
rieia #	Page	#	Description	Vendor Test 1	Vendor Test 2	Vendor Test 3	Vendor Test 4	Vendor Test 5	Max Length Test
26	1		Care Of		HUMUHUMUNUKUNUKUS FAMILY MAXIMUM CARE OF				CARE OF MAX LENGTH
27	1		Street Address	74-5094 HALEOLONO ST	98-441 HOOKANIKE ST APT B	RUWENBERGSTRAAT 7	201 CONCEPTION BAY HIGHWAY SUITE 140 CONCEPTION BAY	4781 ALTA CANYADA ROAD	123 MAX STREET LENGTH AAAAAAAAAAAAAAAAAA
28	1		City	KAILUA-KONA	PEARL CITY	SINT-MICHIELSGESTEL	SOUTH	LA CANADA FLINTRIDGE	MAX CITY LENGTH AAAAA
29	1		U.S. State Code	HI	HI			CA	US
30	1		ZIP (Postal) Code	96740	96782	5271 AG	A1W 3H1	91011	ZIP CODE 1
31	1		Foreign State or Province				NEWFOUNDLAND AND LABRADOR		MAXIMUMLENGTHFOREIGNSTATE
32	1		Country			NETHERLANDS	CANADA		MAXLENGTHCTRY
33	1	1	Filing Status Checkbox: Single	Х					1
34	1	2	Filing Status Checkbox: Married filing joint		х				X
35	1	3	Filing Status Checkbox: Married filing separate			х			х
36	1	4	Filing Status Checkbox: Head of Household				Х		х
37	1	5	Filing Status Checkbox: Qualifying Widower					х	х
38	1		MFS Spouse Name. This field appears below line 3.			MARRIED A SPOUSE FULLNAME			MAXLENGTHMFSSPOUSEN AMEAAA
39	1	4	HOH Qualifying Person. This field appears below line 4.				VICKY WALLRABENSTEINS		MAXLENGTHHOHQUALIFYN G
40	1		Year Spouse Died		V	V	V	2016	1234
41 42	1		Primary Regular Exemption Primary Over 65 Exemption		X X	X	X	X	X
43	1	6b	Spouse Regular Exemption		X	X			X
44	1		Spouse Over 65 Exemption		X	<i>X</i>			X
			Number of Primary and Spouse Exemptions. This is the field that appears to the right of lines						
45	1		6a and 6b.	0	4	2	1	1	4
46	1		Exemptions for Dependent Children		1		1	2	99
47	1		Exemptions for Other Dependents		-	1			99
48	1		Total Exemptions Claimed	U	5	3	2	3	99
49	2		Federal Adjusted Gross Income - negative indicator checkbox			x			х
50	2	7	Federal Adjusted Gross Income	0	200001	1500	35000	250000	123456789
51	2	8	Difference in state/federal wages	1000					123456789
52	2		Interest on out of state bonds	500			200		123456789
53	2	10	Other HI Additions	800	60000		75000		123456789

		Form							
Field		Line							
#	#	#	Description	Vendor Test 1	Vendor Test 2	Vendor Test 3	Vendor Test 4	Vendor Test 5	Max Length Test
54	2		Total HI Additions	2300	60000		75200		123456789
55	2	12	Total Income - negative indicator checkbox			Х			Х
56	2		Total Income	2300	260001	1500	110200	250000	123456789
57	2		Pensions Taxed Federally		45001	1.000			123456789
58	2		Social Security Benefits		32000				123456789
59	2		National Guard Duty Pay	850	12820			6410	123456789
60	2		Individual Housing Acct	000	5000	+		0410	123456789
61	2		Exceptional Tree		5555			100	123456789
62	2		Other Hawaii Subtractions	10					123456789
63	2		Total Subtractions	860	94821	0	0	6510	123456789
			HI Adjusted Gross Income - negative indicator						
64	2		checkbox			X			X
65	2		HI Adjusted Gross Income	1440	165180	1500	110200	143490	123456789
			Dependent Indicator. This is the checkbox that						
66	2		appears below line 20.	X					X
67	2		Medical and Dental		12000			12000	123456789
68	2	-	Taxes		15000			15000	123456789
69	2		Interest Expense		8500			8500	123456789
70			Contributions		3000			3000	123456789
71 72	2		Casualty and Theft Losses Miscellaneous deductions		8000 7500			8000 7500	123456789 123456789
	2		Total Itemized Deductions		54000			51699	123456789
73 74	2		Standard Deduction	950	4400	2200	3212	4400	123456789
74			Subtotal (Line 20 – Line 22 or 23) - negative	950	4400	2200	3212	4400	123436769
75	2		indicator checkbox			×			l _x
76	2		Subtotal (Line 20 – Line 22 or 23)	490	111180	3700	106988	191791	123456789
76	3		Total Exemptions	490 n	14000	3432	2288	3432	123456789
11	3		Primary Disability Indicator. This field appears	0	14000	3432	2200	3432	123430769
78	3		below line 25.		Y				Y
	-		Spouse Disability Indicator. This field appears		Α	+			^
79	3		below line 25.		×				x
80	3		Taxable Income	490	97180	0	104700	188359	123456789
			Indicator if tax from other forms (N-2, N-103, etc)						
81	3	27	is included	X					X
82	3		Tax Liability	50	6524	0	7156	14047	123456789
83	3		Net Capital Gain				38000		123456789
84	3		Refundable Food/Excise Tax Credit		110	330	90		123456789
85	3		DHS Exemptions (Child Support)		1				99
86	3		Low-Income Household Renters Credit			150			123456789
87	3		Child and Dependent Care Expenses			1		720	123456789
88	3	31	Child Passenger Restraint Credit		25			25	123456789

		Form							
Field		Line							
#	#	#	Description	Vendor Test 1	Vendor Test 2	Vendor Test 3	Vendor Test 4	Vendor Test 5	Max Length Test
89	3	32	Total Refundable Credits - Sch CR	1200		100	155	1200	123456789
90	3	33	Total Refundable Credits	1200	135	580	245	1945	123456789
			Balance Subtotal (Line 27 minus Line 33) -						
91	3	34	negative indicator checkbox	X		X			X
92	3	34	Balance Subtotal (Line 27 minus Line 33)	1150	6389	580	6911	12102	123456789
93	3		Total Nonrefundable Credits - Sch CR	0	5000	0	1000	6200	123456789
			Balance (Line 34 minus Line 35) - negative						
94	3		indicator checkbox	X		X			X
95	3		Balance (Line 34 minus Line 35)	1150	1389	580	5911	5902	123456789
96	3		Withholding	45	12000		1750	286	123456789
97	3		Estimated tax payments				2200	6745	123456789
98	3		Estimated tax from previous tax year				50		123456789
99	3		Extension Payment			2000	100		123456789
100	3		Total Payments	45	12000	2000	4100	7031	123456789
101	3		Amount Overpaid	1195	10611	2580	0	1129	123456789
400			Primary School Repairs and Maintenance	V	l.,				\ <u></u>
102	3	43a	Donation	X	X				X
100	_	10-	Spouse School Repairs and Maintenance						\ <u></u>
103 104	3		Donation Primary Public Libraries Donation	X	X				X V
104	3		Spouse Public Libraries Donation	^	X				\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
105	3		Primary Domestic Violence Donation	Y	X				Y
107	3		Spouse Domestic Violence Donation	X	X				Y
108			Total Donations	<u> </u>		0	0	0	18
	3	_		3	18	O .	0	•	
109	3		Overpaid minus donations	1186	10593	2580	0	1129	123456789
110	4	46	Estimated Tax apply to the following tax year					1000	123456789
111	4		Refunded to you	1186	10593	2580	0	129	123456789
112	4		Refund will be deposited to a foreign bank, Oval.			X			X
113	4	47b	Routing Number	123456789				198765432	123456789
114	4		Account Type Checking	X					X
115	4		Account Type Savings					X	X
116	4		Account Number	1234567890ABCDEFG				1987654321ABCDEFG	12345678901234500
117	4		Amount you owe	0	0	0	1811	0	123456789
118	4		Estimated Tax Penalty				85		123456789
119	4		Form N210 attached checkbox				X		IX
120	4		Federal Schedule C - YES checkbox	V		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Х	X
121	4		Federal Schedule C - NO checkbox	X	X	X	X		X
122	4		Federal Schedule C Hawaii Gross Receipts					56000	123456789
123	4		Federal Schedule C TSM Hawaii Tax ID					123456789003	123456789012
124	4		Federal Schedule E - YES checkbox				X		X
125	4	53a	Federal Schedule E - NO checkbox	X	X	X		X	X

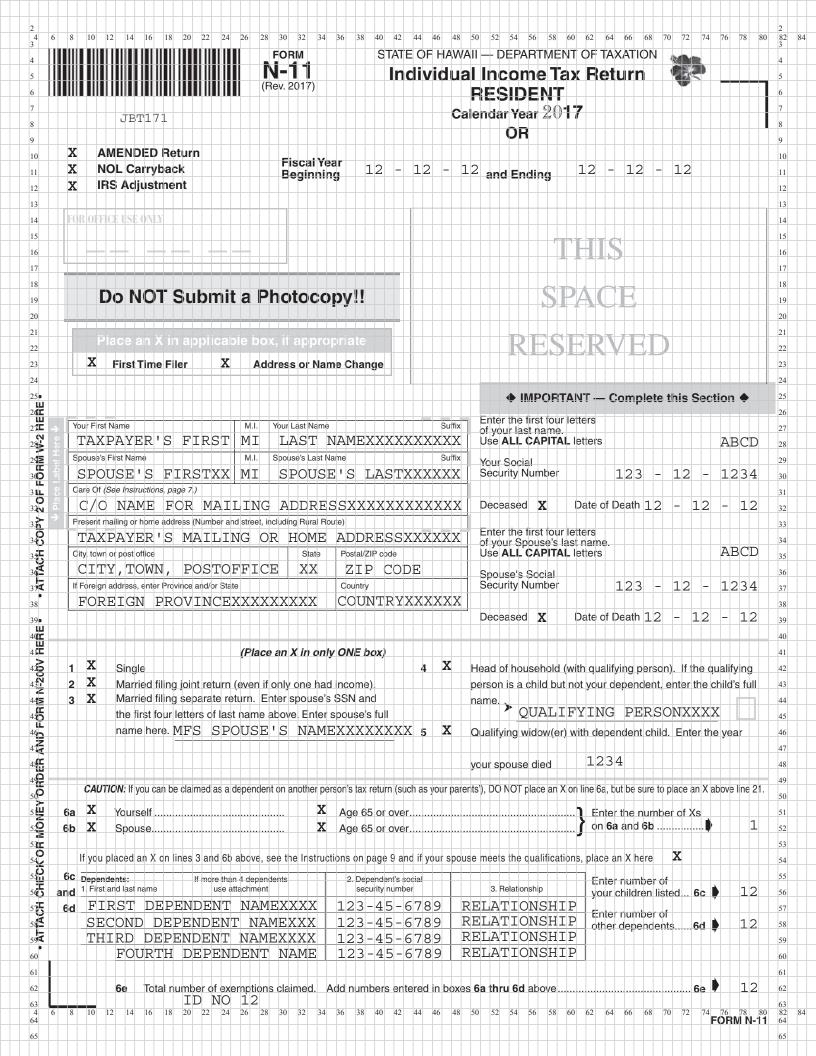
		Form							
Field #	Page #	Line #	Description	Vendor Test 1	Vendor Test 2	Vendor Test 3	Vendor Test 4	Vendor Test 5	Max Length Test
126	4		Federal Schedule E Hawaii Gross Rents		10.100.100.2		123540	70.1001 10010	123456789
127	4	_	Federal Schedule E TSM Hawaii Tax ID				123456789001		123456789012
128	4		Federal Schedule F - YES checkbox			X	120100700001		X
129	4		Federal Schedule F - NO checkbox	X	X		Х	X	Х
130	4	54b	Federal Schedule F Hawaii Gross Receipts			21000			123456789
131	4	54c	Federal Schedule F TSM Hawaii Tax ID			012346780101			123456789012
132	4		Preparer Identification Number			P98765420		P24680135	123456789
133	4		Primary HI Election Campaign - YES checkbox		Х			х	Х
134	4		Primary HI Election Campaign - NO checkbox	X		Х	Х		Х
135	4		Spouse HI Election Campaign - YES checkbox		Х				Х
136	4		Spouse HI Election Campaign - NO checkbox						x
137	CR1	1	Tax Paid to another state			+		2500	123456789
138	CR1		Carryover of Energy Conservation Tax Credit			†		75	123456789
139	CR1		Enterprise Zone Tax Credit					100	123456789
140	CR1		Low Income Housing Tax Credit			+		125	123456789
141	CR1		Employment Vocational Rehab Referral Credit					150	123456789
141	OITT		Carryover of the High Tech Business Investment			+		130	120400700
142	CR1	6	Tax Credit		200				123456789
			Carryover of Individual Development Account						
143	CR1		Contribution Tax Credit		225				123456789
			Carryover of Tech Infrastructure Renovation Tax						
	CR1	8	Credit		250				123456789
145	CR1		School Repair and Maintenance Credit		300				123456789
			Carryover of the Hotel Construction and						
146	CR1		Remodeling Tax Credit		325				123456789
1.47	CR1		Carryover of Residential Construction and		050				100450700
147	CRI		Remodel Tax Credit Carryover of the Renew Energy Tech Income Tax		350				123456789
148	CR1		Carryover of the Renew Energy Tech Income Tax Credit		400				123456789
			Renew Energy Tech Income Tax Credit-July						
	CR1	13	2009		450			1500	123456789
			Solar		X				X
151	CR1	_	Wind					X	X
152	CR1		Capital Infrastructure Tax Credit		500				123456789
450	001		Cesspool Upgrade, Conversion or Connection		000				100450700
153	CR1		Income Tax Credit		600		<u> </u>	4750	123456789
154	CR1		Renewable Fuels Production Tax Credit		650		1000	1750	123456789 123456789
155	CR1		Organic Foods Production Tax Credit		750				
156	CR1	18	Total Nonrefundable Credits	0	5000	0	1000	6200	123456789

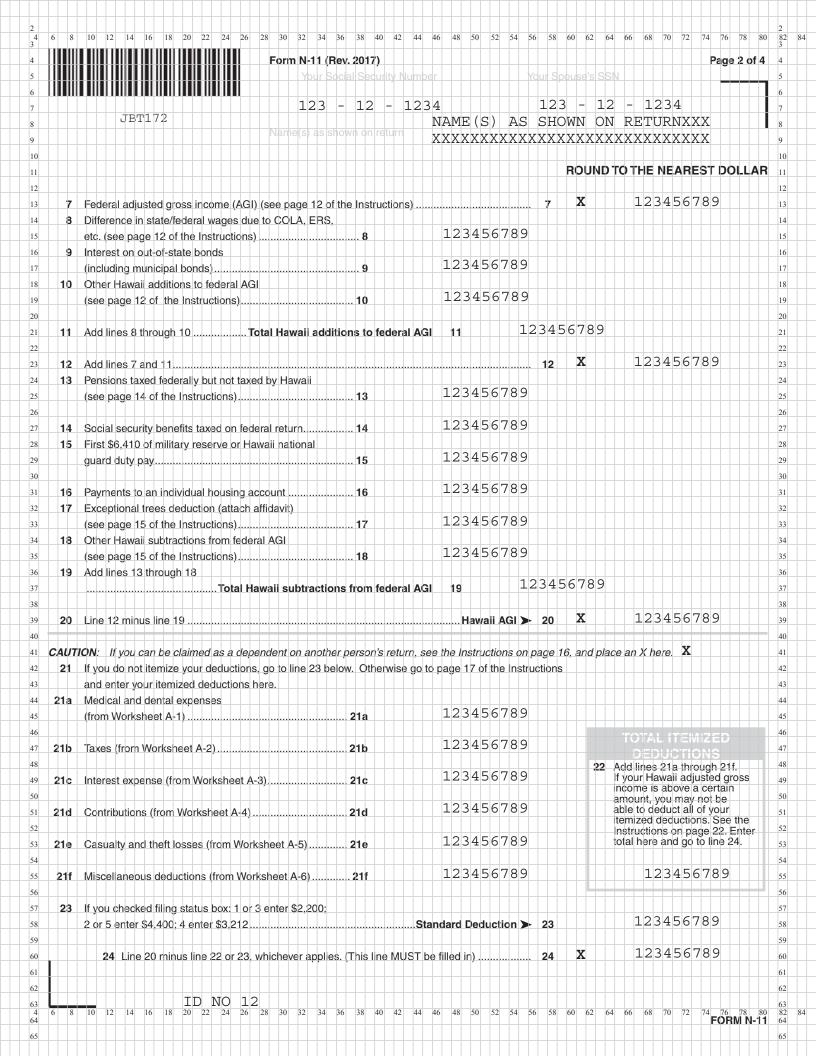
		Form							
Field	Page								
#	#	#	Description	Vendor Test 1	Vendor Test 2	Vendor Test 3	Vendor Test 4	Vendor Test 5	Max Length Test
157	CR2	19	Capital Goods Excise Tax Credit					100	123456789
158	CR2	20	Fuel Tax Credit					200	123456789
		1	Ethanol Facility Tax Credit						123456789
159	CR2	21	Motion Picture and Film Tax Credit			25			123456789
			Renew Energy Tech Income Tax Credit-July						
160	CR2		2009	1200			100		123456789
161	CR2	22	Solar				X		X
162	CR2		Wind	X					X
163	CR2		Important Agricultural Land Tax Credit			35			123456789
164	CR2		Tax Credit for Research Activities			40		900	123456789
			Other refundable credits-pro rata share of taxes						
165	CR2		paid on sale of real property				25		123456789
			Other refundable credits-credit from regulated						
166	CR2	25b	investment company				30		123456789
			Other Refundable Credits Total				55		123456789
	CR2		Total Refundable Credits	1200	0	100	155	1200	123456789
169			Refundable Food/Excise Tax Credit		110	330	90		1234
		Part I							
170	X1		Low-Income Household Renters Credit			150			1234
		Part							
171	X2		Credit for Child and Dependent Care Expenses					720	1234
172			End of Record Trailer	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*

Return Fields that are NOT Included in the 2D Barcode

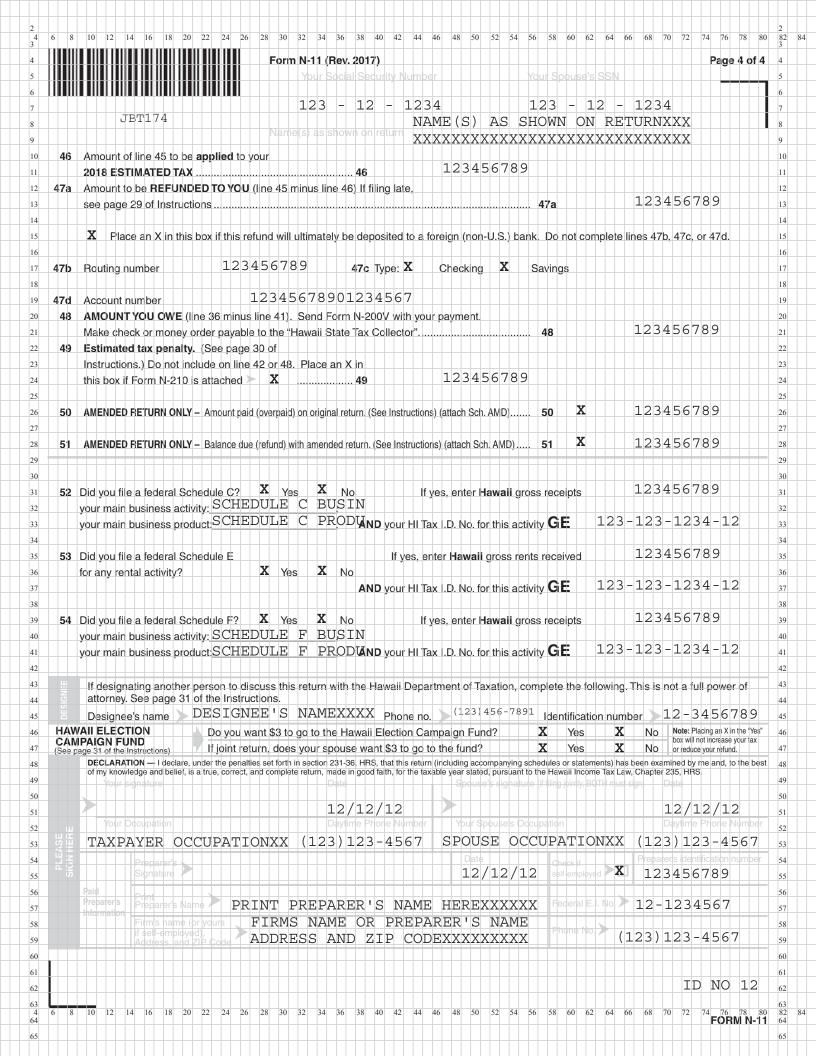
1			First Time Filer Checkbox	X				
1			Address or Name Change Checkbox			X		
1			Primary Deceased Checkbox				X	
1			Primary Deceased Date of Death				11/15/17	
1			Spouse Deceased Checkbox		Х			
1			Spouse Deceased Date of Death		12/01/17			
4	Ļ		Deceased Taxpayer Date of Death. This will behand written in the space below the areareserved for the barcode, and may be for either the taxpayer or spouse.					
1	1		ITIN Applied For. This will be hand written in the space below the area reserved for the barcode.					
1	l		Spouse meets qualifications Checkbox. This is the checkbox below line 6b.			x		
1		6d	Table of dependent names, social security numbers, and relationship					

		Form							
Field Pa		-							
	#	#	Description	Vendor Test 1	Vendor Test 2	Vendor Test 3	Vendor Test 4	Vendor Test 5	Max Length Tes
			Tax source checkbox group (Tax Table, Tax Rate						
			Schedule, Form N-168, Form N-615, Cap. Gains				X (Capital Gains Tax		
	2			X (Tax Table)	X (Tax Table)	X (Tax Table)	Worksheet)	X (Tax Rate Schedule)	
			Amended Return: Amount Paid (Overpaid) on						
	4	50	Original Return- negative indicator checkbox					X	
			Amended Return: Amount Paid (Overpaid) on						
	4		Original Return			100		1500	
			Amended Return: Balance Due (Refund) on						
	4		Amended Return- negative indicator checkbox			X			
			Amended Return: Balance Due (Refund) on						
	4		Amended Return			2680		379	
	4	52d	Schedule C business activity/product					SERVICES	
	4	54d	Schedule F business activity/product			AGRICULTURE/COFFEE			
	4		Designee Name				JOE DESIGNEENAME		
	4		Designee Phone Number				808-12-4567		
	4		Designee Identification Number				123-45-6789		
	4	-	Signature Date	6/5/18	4/5/18	12/7/18	8/10/18	5/20/19	
	4			STUDENT	CEO	BOTONIST	BANKER	CONTRACTOR	
	4		Daytime Phone Number	(808)395-4567	(808)261-2345	(808)422-3456	(808)671-2345	(808)974-4567	
	4		Spouse Signature Date		4/5/18				
	4		Spouse Occupation		SECRETARY				
	4		Spouse's Daytime Phone Number		(808)261-2345				
	4		Preparer Signature Date			12/7/18		5/20/19	
	4		Preparer Self Employed Checkbox			X			
	4		Preparer Name			KENNY PREPARER		JOHN AKAMAI	
	4		Preparer Firm Name and Address			12 KING ST,		LLC	
	4		Preparer Phone Number			(808)123-1111		(808)396-0001	





					2
6 8	10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 Form N-11 (Rev. 2017)	44 46 48 50 52 54 56	56 58 60 62 6	64 66 68 70 72 74 76 78 Page 3 of	80 82 of 4 4
	Your Social Security Nu	Jmber Y	dur Spouse's SS		5
			123 - 12	1224	6
++		1234 1 NAME(S) AS SH			7
+++	Name(c) ac chown an return				8
25	Multiply \$1,144 by the total number of exemptions claimed on line 6e.	XXXXXXXXXXXX	XXXXXXX	XXXXXXX	10
20	Multiply \$1,144 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, place an X in the				10
	and see page 22 of the Instructions.	e applicable buxtes,			12
	X Yourself X Spouse		25	123456789	13
					14
26				123456789	15
27					16
	Worksheet on page 39 of the Instructions.				17
++	(X Place an X if tax from Forms N-2, N-103, N-152, N-168, N-31			100455700	18
+++	N-344, N-348, N-405, N-586, N-615, or N-814 is included.)	Tax ➤	27	123456789	19
27a		123456789			20
+++	the riet capital gain from line 14 of that worksheet 27a	LZ3430101			21
+++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++			22
28	Refundable Food/Excise Tax Credit				23
	(attach Form N-311) DHS, etc. exemptions 12 28	123456789			25
29					26
	Renters (attach Schedule X)	123456789			27
30					28
ΤЩ	Care Expenses (attach Schedule X)	123456789			29
31	Credit for Child Passenger Restraint				30
1	System(s) (attach a copy of the invoice)	123456789			31
3:2					32
+++	Schedule CR (attach Schedule CR)32	123456789			33
+++				102456790	34
33	Add lines 28 through 32	tal Refundable Credits >	33	123456789	35
24			34 X	123456789	36
34	Line 27 minus line 33. If line 34 is zero or less, see Instructions		34	123430707	37
35	Total nonrefundable tax credits (attach Schedule CR)		35	123456789	38
0.0	Otal nonretunidadie lax cieurs (attach someonis sin		35		40
36	Line 34 minus line 35	Balance ➤	36 X	123456789	41
37					42
Щ	(see page 28 of the Instructions for other attachments)	123456789			43
Щ					44
38	2017 estimated tax payments	123456789			45
1		15515500			46
39	Amount of estimated tax applied from 2016 return 39	123456789			47
+++		122456780			48
40	Amount paid with extension40	123456789			49
44				123456789	50
41	Add lines 37 through 40	Total Payments >	41		51
+++		+++++++++++++++++++++++++++++++++++++++	++++++		52
42	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 min	inus line 36) (see Instructions)	42	123456789	54
43		Yourself Spouse	42		55
	43a Hawaii Schools Repairs and Maintenance Fund	X \$2 X \$2			56
	43b Hawaii Public Libraries Fund	X \$2 X \$2			57
Щ	43c Domestic and Sexual Violence / Child Abuse and Neglect Funds	X \$5 X \$5			58
44			44	12	59
					60
4	45 Line 42 minus line 44		45	123456789	61
4	ID NO 12				62
	-				80 82 -11 64



N-11

STATE OF HAWAII — DEPARTMENT OF TAXATION

Individual Income Tax Return RESIDENT



JBT171

Calendar Year 2017 OR

X **AMENDED Return** X **NOL Carryback**

IRS Adjustment

X

• ATTACH COPY 2 OF FORM W-2 HERE •

ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE

Fiscal Year Beginning

12 - 12 - 12 and Ending

12 - 12 - 12

Do NOT Submit a Photocopy!!

First Time Filer

X **Address or Name Change**

THIS SPACE RESERVE

◆ IMPORTANT — Complete this Section ◆

Enter the first four letters of your last name. Use ALL CAPITAL letters ABCD Your Social Security Number 123 - 12 - 1234 Deceased X Date of Death 12 - 12 - 12 Enter the first four letters of your Spouse's last name. **ABCD** Use ALL CAPITAL letters Spouse's Social Security Number 123 - 12 - 1234 Date of Death 12 - 12 - 12 Deceased X

	Your First Name	M.I.	Your	Last Nam	ne			Suffix
	TAXPAYER'S FIRST	MI	L	AST	NAM	EX	XXXXX	XXXX
	Spouse's First Name	M.I.	Spo	use's Last	Name			Suffix
	SPOUSE'S FIRSTXX	MI	S	POUS	E'S	L_{Z}	ASTXXX	XXXX
	Care Of (See Instructions, page 7.)							
<u> </u>	C/O NAME FOR MAI	LING	; A	DDRE	ESSX:	XX.	XXXXXX	XXXX
	Present mailing or home address (Number an	d street, ii	t, including Rural Route)					
	TAXPAYER'S MAILII	NG O	R	HOME	E ADI	DRI	ESSXXX	XXXX
	City, town or post office			State	Posta	al/ZIP	code	
	CITY, TOWN, POSTO	FFIC	Έ	XX	Z	ΙP	CODE	
	If Foreign address, enter Province and/or Stat	e			Cour	ntry	•	
	FOREIGN PROVINCE	XX	XXX	CO.	UN	ΓRYXXΣ	XXXX	

(Place an X in only ONE box)

X

X Married filing joint return (even if only one had income).

Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. MFS SPOUSE'S NAMEXXXXXXX 5 X

Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full

QUALIFYING PERSONXXXX

Qualifying widow(er) with dependent child. Enter the year

1234 your spouse died

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X above line 21.

X 6b Spouse.....

X Age 65 or over.....

Enter the number of Xs on **6a** and **6b** X Age 65 or over.....

1

X If you placed an X on lines 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, place an X here

6c and	Dependents: 1. First and last name	If more than 4 dependents use attachment	Dependent's social security number	3. Relationship
6d	FIRST DE	PENDENT NAMEXXXX	123-45-6789	RELATIONSHIP
	SECOND DE	EPENDENT NAMEXXX	123-45-6789	RELATIONSHIP
	THIRD DEE	PENDENT NAMEXXXX	123-45-6789	RELATIONSHIP
	FOURTI	H DEPENDENT NAME	123-45-6789	RELATIONSHIP

Enter number of 12 your children listed... 6c

Enter number of 12 other dependents.....6d

Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above...... ID NO 12



JBT172

Form N-11 (Rev. 2017)

Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

Name(s) as shown on return

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 12 of the Instruction	one)	7	X	123456789
8	Difference in state/federal wages due to COLA, ERS,	ліъ)	/		123133733
o	etc. (see page 12 of the Instructions)	123456789	9		
9	Interest on out-of-state bonds				
3	(including municipal bonds)9	123456789	9		
10	Other Hawaii additions to federal AGI				
10	(see page 12 of the Instructions)	12345678	9		
			1 2 2 /	1567	0.0
11	Add lines 8 through 10Total Hawaii additions to fede	eral AGI 11 -	1234	1567	89
12	Add lines 7 and 11		12	X	123456789
13	Pensions taxed federally but not taxed by Hawaii				
	(see page 14 of the Instructions)	123456789	9		
14	Social security benefits taxed on federal return14	123456789	9		
15	First \$6,410 of military reserve or Hawaii national				
	guard duty pay15	123456789	9		
			_		
16	Payments to an individual housing account 16	123456789	9		
17	Exceptional trees deduction (attach affidavit)				
	(see page 15 of the Instructions)	123456789	9		
18	Other Hawaii subtractions from federal AGI				
	(see page 15 of the Instructions)	123456789	9		
19	Add lines 13 through 18				
	Total Hawaii subtractions from fede	eral AGI 19	1234	1567	89
20	Line 12 minus line 19	Hawaii AGI	> 20	X	123456789
AUT	ION: If you can be claimed as a dependent on another person's re	turn, see the Instructions o	n page	e 16, an	
	ION: If you can be claimed as a dependent on another person's re If you do not itemize your deductions, go to line 23 below. Otherw	turn, see the Instructions o	n page	e 16, an	
21	ION: If you can be claimed as a dependent on another person's re If you do not itemize your deductions, go to line 23 below. Otherw and enter your itemized deductions here.	turn, see the Instructions o	n page	e 16, an	
21	ION: If you can be claimed as a dependent on another person's relif you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses	turn, see the Instructions o se go to page 17 of the Ins	<i>n page</i> tructio	e 16, an	
21	ION: If you can be claimed as a dependent on another person's re If you do not itemize your deductions, go to line 23 below. Otherw and enter your itemized deductions here.	turn, see the Instructions o	<i>n page</i> tructio	e 16, an	
21 21 21a	ION: If you can be claimed as a dependent on another person's real of you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	turn, see the Instructions o se go to page 17 of the Ins 123456789	<i>n page</i> tructio	e 16, an	
21 21 21a	ION: If you can be claimed as a dependent on another person's relif you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses	turn, see the Instructions o se go to page 17 of the Ins	<i>n page</i> tructio	e 16, an	TOTAL ITEMIZED DEDUCTIONS
21 21 21a 21b	ION: If you can be claimed as a dependent on another person's relif you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	turn, see the Instructions of see go to page 17 of the Instructions of the Instruction of th	n page tructio	e 16, an	TOTAL ITEMIZED DEDUCTIONS 22 Add lines 21a through 21f.
21 21 21a 21b	ION: If you can be claimed as a dependent on another person's real of you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	turn, see the Instructions o se go to page 17 of the Ins 123456789	n page tructio	e 16, an	TOTAL ITEMIZED DEDUCTIONS 22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain
21a 21b 21c	If you can be claimed as a dependent on another person's relif you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	turn, see the Instructions of see go to page 17 of the Instructions of the Instruction of th	n page tructio	e 16, an	TOTAL ITEMIZED DEDUCTIONS 22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be
21a 21b 21c	ION: If you can be claimed as a dependent on another person's relif you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	turn, see the Instructions of see go to page 17 of the Instructions of the Instruction of th	n page tructio	e 16, an	TOTAL ITEMIZED DEDUCTIONS 22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the
21 21a 221b 221c 221d	ION: If you can be claimed as a dependent on another person's real forms of you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	turn, see the Instructions of see go to page 17 of the Instructions of the Instruction of th	n page tructio	e 16, an	TOTAL ITEMIZED DEDUCTIONS 22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Ente
21a 21b 21c 21d	If you can be claimed as a dependent on another person's relif you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	turn, see the Instructions of see go to page 17 of the Instructions of the Instruction of th	n page tructio	e 16, an	TOTAL ITEMIZED DEDUCTIONS 22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the
21a 21b 21c 21d 21e	ION: If you can be claimed as a dependent on another person's relif you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	turn, see the Instructions of see go to page 17 of the Instructions of the Instruction	n page tructio	e 16, an	TOTAL ITEMIZED DEDUCTIONS 22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Ente total here and go to line 24.
21a 21b 21c 21d	ION: If you can be claimed as a dependent on another person's real forms of you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	turn, see the Instructions of see go to page 17 of the Instructions of the Instruction of th	n page tructio	e 16, an	TOTAL ITEMIZED DEDUCTIONS 22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Ente
21a 21a 21b 21c 21d 21d 21e 21f	If you can be claimed as a dependent on another person's real for you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	turn, see the Instructions of see go to page 17 of the Instructions of the Instruction	n page tructio	e 16, an	TOTAL ITEMIZED DEDUCTIONS 22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Enter total here and go to line 24.
21a 21b 21c 21d 21d	If you can be claimed as a dependent on another person's real for you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	turn, see the Instructions of see go to page 17 of the Instructions of the Instruction	n page tructio	e 16, an	TOTAL ITEMIZED DEDUCTIONS 22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Enter total here and go to line 24. 123456789
21a 21b 21c 21d 21d 21e 21f	If you can be claimed as a dependent on another person's real for you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	turn, see the Instructions of see go to page 17 of the Instructions of the Instruction	n page tructio	e 16, an	TOTAL ITEMIZED DEDUCTIONS 22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Enter total here and go to line 24.
21a 21b 21c 21d 21d 21e 21f	If you can be claimed as a dependent on another person's real for you do not itemize your deductions, go to line 23 below. Otherwand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	turn, see the Instructions of see go to page 17 of the Instructions of the Instruction (Instruction) and Instruction (Instruction) are good to page 123456789 and Instruction (Instruction) are good to page 123456789 and Instruction (Instruction) are good to page 123456789 and Instruction (Instruction) are good to page 17 of the Instructions of the Instruction (Instruction) and Instruction (Instructions of the Instruction (Instructions of the Instructions of the Instructions of the Instruction (Instructions of the Instruction (Instructions of the Instruction (Instructions of the Instruction (Instruction (Inst	n page truction 9 9 9 9 9 23	e 16, an	TOTAL ITEMIZED DEDUCTIONS 22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Enter total here and go to line 24. 123456789



JBT173

Form N-11 (Rev. 2017)

Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

	25	Multiply \$1,144 by the total number of exemptions claimed on line 6e.		AAA	AAAA		
		If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es),					
		and see page 22 of the Instructions. X Yourself X Spouse		0.5		123456789	
		X Yourself X Spouse	•••••	25		123130703	
	26	Taxable Income. Line 24 minus line 25 (but not less than zero)Taxable Incom	ne ➤	26		123456789	
	27	Tax. Place an X if from X Tax Table; X Tax Rate Schedule; or X Capital Gains					
		Worksheet on page 39 of the Instructions.					
		(X Place an X if tax from Forms N-2, N-103, N-152, N-168, N-312, N-338,				100456500	
		N-344, N-348, N-405, N-586, N-615, or N-814 is included.)	ax ➤	27		123456789	
-	27a	If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet	0 0				
		the net capital gain from line 14 of that worksheet 27a 123456 78	09				
	28	Refundable Food/Excise Tax Credit (attach Form N-311) DHS etc exemptions 12 28 12345678	0.0				
		(attach 1 of the Vol 1) billo, etc. exemptions == 20	89				
	29	Credit for Low-Income Household Renters (attach Schedule X)	29				
	30	Credit for Child and Dependent	0 2				
	30	Care Expenses (attach Schedule X)	89				
	31	Credit for Child Passenger Restraint					
		System(s) (attach a copy of the invoice)	89				
	32	Total refundable tax credits from					
		Schedule CR (attach Schedule CR)	89				
						123456789	
	33	Add lines 28 through 32	ts >	33		123430709	
	34	Line 27 minus line 33. If line 34 is zero or less, see Instructions		34	X	123456789	
	35	Total nonrefundable tax credits (attach Schedule CR)		35		123456789	
					37	100456700	
	36	Line 34 minus line 35	e ➤	36	X	123456789	
	37	Hawaii State Income tax withheld (attach W-2s) (see page 28 of the Instructions for other attachments) 37 12345678	29				
		(see page 28 of the Instructions for other attachments)	0 2				
	38	2017 estimated tax payments	89				
	00	2017 Collinated at paymonto					
	39	Amount of estimated tax applied from 2016 return 39 12345678	89				
	40	Amount paid with extension	89				
	44	Add Face 97 through 40		44		123456789	
	41	Add lines 37 through 40	is ➤	41		123430709	
Ī							
	42	If line 41 is larger than line 36, enter the amount ${f OVERPAID}$ (line 41 minus line 36) (see Instruction 1) (see Instruction 2) (see Instruct	ons)	42		123456789	
	43	Contributions to (see page 28 of the Instructions):					
		43a Hawaii Schools Repairs and Maintenance Fund					
		43bHawaii Public Libraries FundX\$2X43cDomestic and Sexual Violence / Child Abuse and Neglect FundsX\$5X					
	44	43c Domestic and Sexual Violence / Child Abuse and Neglect Funds		44		12	
	77	And the amounts of the As of thies 400 through 400 and effect the total field					
		45 Line 42 minus line 44		45		123456789	
1							



JBT174

Form N-11 (Rev. 2017)

123 - 12 - 1234

123 - 12 - 1234

NAME(S) AS SHOWN ON RETURNXXX

46	2018 EST	of line 45 to be apprimaTED TAXobe REFUNDED				-1-	12345	6789)				
l7a		29 of Instructions	,		, -				47a		123	456789	
	X Plac	ce an X in this box	if this refund w	vill ultimately	y be deposite	ed to a fo	reign (non-L	J.S.) ba	nk. Do n	ot comple	ete lines 47t	o, 47c, or 47d	
7b	Routing n	umber	123456	789	47c Type	: X	Checking	X	Savings	5			
7d 48 49	Make che Estimate Instruction	number TYOU OWE (line 3 eck or money order d tax penalty. (Sens.) Do not include Form N-210 is att	36 minus line 4 r payable to the ee page 30 of e on line 42 or	1). Send Fo "Hawaii St 48. Place a	ate Tax Colle n X in	vith your					1234	156789	
50	AMENDED	RETURN ONLY – Ar	mount paid (overpa	aid) on origina	l return. (See In	structions) (attach Sch. A	AMD)	50	x	123	156789	
51	AMENDED	RETURN ONLY – Ba	alance due (refund) with amende	ed return. (See I	nstruction	s) (attach Sch.	AMD)	51	X	123	156789	
52	your main	e a federal Schedu business activity:_ business product:	SCHEDULI	E C BU	No SIN OD YND yo		es, enter Ha x I.D. No. for					156789 -1234-1	.2
53	-	e a federal Schedu ntal activity?	ule E X	Yes X	No		ter Hawaii g x I.D. No. for					456789 -1234-1	.2
54	your main	e a federal Schedu business activity:_ business product:	SCHEDULI	E F BU	SIN		es, enter Ha					456789 -1234-1	.2
	attorney.	ating another pers See page 31 of the e's name DE	e Instructions.						·				
	VAII ELECT	INID	o you want \$3					l?		Yes	X No	Note: Placing an X box will not increas	
See p	PAIGN FU page 31 of the I DECLARAT of my know	Instructions) If ION — I declare, under ledge and belief, is a tru	the penalties set fo e, correct, and comp	rth in section 2	31-36, HRS, that	this return	(including accom	npanying s	schedules o	Yes r statements aii Income Ta	X No) has been exar x Law, Chapter	or reduce your refu nined by me and,	ınd.
	Your s	signature		Da	ate			s signatu	re (if filing j	ointly, BOTH r	must sign) I	Date	
	>			1	2/12/1	2						12/12/1	.2
	Your C	Occupation			aytime Phone I		Your Spo	ouse's Oc	ccupation			Daytime Phone	
が開	TAXP	AYER OCCU	PATIONX	X (123)123-4	567	SPOUS	E OC	CUPA	TIONX	XX (12)	3)123-4	567
SIGN		Preparer's Signature					Date 12/1	12/1	.2 Che	ck if employed		er's identification 3456789	
	Paid Preparer's Information	Print Preparer's Name			RER'S		HEREX		.25	leral E.I. No	12-	1234567	7
		Firm's name (or yo if self-employed),	urs FIRI	MS NAM	E OR P	REPA	RER'S	NAME	Pho	one No.	(122)	100 456	7

ADDRESS AND ZIP CODEXXXXXXXX

(123)123-4567